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To the Honorable Commissioner of Patents and Trademarks:  
Please record the attached original documents or copy thereof.

1. Name of conveying party:

GlaxoWellcome, Inc., a North Carolina corporation.

Additional name(s) of conveying party(ies) attached?

☐ YES ☒ NO

3. Nature of conveyance:

- ☐ Assignment ☒ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Other:

Execution Date: **March 31, 2001**

2. Name and address of receiving party:

Name: SMITHKLINE BEECHAM CORPORATION

Street Address: **One Franklin Plaza**

**200 North 16th Street**

City: **Philadelphia** State: **PA** ZIP: **19102**

Country: **USA** Postal Code:

Additional name(s) & address(es) attached? ☐ YES ☒ NO

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No(s).

B. Patent No.(s).

**6,253,762**

**6,131,566**

**6,143,277**

**6,149,892**

Additional numbers attached? ☐ YES ☒ NO

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **BIRCH, STEWART, KOLASCH & BIRCH, LLP**

Street Address: **P.O. BOX 747**

City: **FALLS CHURCH** State: **VA** ZIP: **22040-0747**

Country: **USA**

6. Total No. of applications/patents involved: **Four (4)**

7. Total fee (37 C.F.R. § 3.41): **\$160.00**

- ☒ Enclosed  
☒ Authorized to be charged to deposit account,  
**if no fee attached.**

8. Deposit account number: **02-2448**

(Attach triplicate copy of this page  
if paying by deposit account)

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9. Statement and signature.

*To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.*

Gerald M. Murphy, Jr., #28,977

Name of Person Signing/Reg. No.

Signature

April 30, 2002

Date

Total number of pages including cover sheet, attachments, and document: **Twenty-one (21)**